

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
Fort Worth

CLERK OF DISTRICT COURT  
NORTHERN DIST. OF TX  
FORT WORTH DIVISION  
FILED

2020 OCT 9 PM 1:34

DEPUTY CLERK mw

Connie Velez # 33190-045  
Plaintiff's Name and ID Number

Fme-Carswell (Ft. Worth, Tx)  
Place of Confinement

**4-20CV-1120P**

CASE NO.

(Clerk will assign the number)

v.

Warden Carr, Fme-Carswell  
Defendant's Name and Address

\_\_\_\_\_  
Defendant's Name and Address

\_\_\_\_\_  
Defendant's Name and Address  
(DO NOT USE "ET AL.")

**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

### FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

### CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

#### I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? \_\_\_ YES ☒ NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
  1. Approximate date of filing lawsuit: \_\_\_\_\_
  2. Parties to previous lawsuit:  
Plaintiff(s) \_\_\_\_\_  
Defendant(s) \_\_\_\_\_
  3. Court: (If federal, name the district; if state, name the county.) \_\_\_\_\_
  4. Cause number: \_\_\_\_\_
  5. Name of judge to whom case was assigned: \_\_\_\_\_
  6. Disposition: (Was the case dismissed, appealed, still pending?) \_\_\_\_\_
  7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: FEDERAL MEDICAL CENTER (FMC) CARSWELL

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ✓ YES    NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: CONNIE VELEZ # 33190-045  
FMC-CARSWELL, P.O. BOX 27137, FORT WORTH, TEXAS  
76127

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: WARDEN CARR, FMC CARSWELL, P.O. BOX  
27137, FORT WORTH, TEXAS, 76127

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #2: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.



## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

PLEASE SEE ATTACHMENT (3 PAGE)

## VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE TO BE PAID FOR MY PAIN & SUFFERING AND  
SEE CHANGES MADE IN THE BOP TO BETTER CARE FOR INMATES.

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

CONNIE ~~ST~~CHERIE PAYTON, CONNIE CHERIE RODGERS, CONNIE  
CHERIE VELEZ

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

MO DOG1133337 / CA10171757 / FBI:587660RA7

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): \_\_\_\_\_

2. Case number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied? YES NO

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_\_ YES ☒ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): \_\_\_\_\_

2. Case number: \_\_\_\_\_

3. Approximate date warning was issued: \_\_\_\_\_

Executed on: 10/6/20  
DATE

Wiley  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 6 day of October, 20 20.  
(Day) (month) (year)

Wiley  
(Signature of Plaintiff)

**WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.**



## U. S. Department of Justice

Federal Bureau of Prisons

Federal Medical Center, Carswell

---

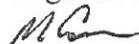
*P.O. Box 27066, J Street, Bldg 3000  
Fort Worth, Texas 76127*

September 17, 2020

MEMORANDUM FOR VELEZ, CONNIE C

Reg. No. 33190-045

FROM:

  
M. Carr, Warden

SUBJECT: Compassionate Release/Reduction In Sentence (RIS)

You requested a reduction in sentence (RIS) based on concerns about COVID-19. After careful consideration, your request is denied.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

The BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any affected inmates. We recognize that you, like all of us, have legitimate concerns and fears about the spread and effects of the virus. However, your concern about being potentially exposed to, or possibly contracting, COVID-19 does not currently warrant an early release from your sentence. Accordingly, your RIS request is denied at this time.

If you are not satisfied with this response to your request, you may commence an appeal of this decision via the administrative remedy process by submitting your concerns on the appropriate form (BP-9) within 20 days of the receipt of this response.



# ATTACHMENT

These papers are to be added to  
Case # 4: 2020 CV00807

Faith Blake vs. United States Warden Michael Carr

State of Texas

Tarrant County Declaration of Connie Velez

September 3, 2020

Defention of Verification

I understand declaration swears and declares that the facts stated in this document are legitament and the complaint is true to the best of my knowledge and belief.

The things I have suffered do to the negligence at the hands of Warden Michael Carr and his administration at Federal Medical Center, Carswell from March 2020 to undetermined.

I was an inmate nurses assistant on the 4<sup>th</sup> floor of the medical center. The day that Covid-19 infected Carswell with 735 cases was around June 30<sup>th</sup> 2020. I was at work. They put me in a room all by myself. I wore the same clothes for 12 days. There was no information on what was going on. I just new that covid-19 had arrived at my Compound. I had no hot water for shower for 2 months. I had no access to any of my belongings. The air conditioning went out ~~severally~~ <sup>in August</sup> for a week. I was told not to speak to region when they came in August. We had not access to writing utensils to contact our families. Stamps were not made lable for several weeks. My phone and email ts were turned off for 3 weeks. I was

over →



When they finally moved me to a negative Unit 1 North the plumbing was out and we had no where to wash our hands and the floor was flooded with raw sewage that we had to walk through. We had no where to get copies made of our outgoing ~~legal~~ legal mail. And the ~~motions~~ compassionate release requests we sent Warden Carr somehow mysteriously got lost and I have no record now of my request. They lost my picture board of irreplaceable pictures of deceased family members. I really hope that my grandbabies pictures did not ultimately end up in the hands of child sex offenders.

served rotten milk at breakfast and rotten lunchmeats for lunch and dinner. We had no access to ice or hot water. If I had any medical issues they would not address them at the time. My emotional and mental state was being pushed to the limit. And I couldn't get no one to help me. I lost patients that should not of perished due to Covid-19. And last but not least September 1, 2020 I was made aware that due to testing negative 6 times I was not able to work anywhere in the BOP until I contracted the virus. I was unable to program as well. This whole experience has been very scary. It feels like armageddon.

Pursuant to 2865c.1746 I declare or Certify, Verify, or State under penalty of perjury that the above statement is true and correct.

Connie Velez

Cvelez 33190.045



Connie C. Velez  
Ame. Carswell  
P.O. Box 27137  
Ft. Worth, TX 76127

CLERK OF DISTRICT COURT  
NORTHERN DIST. OF TX  
FIRST NORTHERN DIVISION  
RECEIVED  
OCT-9 PM 12:19  
COUNTY CLERK

United States District Court  
Office of the Clerk  
501 W. Tenth St. Rm. 310  
Fort Worth, TX 76102

FOREVER USA FOREVER USA FOREVER USA FOREVER USA  
NORTH TEXAS P&DC  
DALLAS TX 750  
WED 07 OCT 2020  
AESM 1/100:57:40